

**Paperwork Burden Statement**  
**Scholar Training and Employment**

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## National Center on Service Obligations – Scholar Training and Employment Information

### Scholar Verification

Grant award number

This field will be pre-populated and scholars will not be able to modify it.

1. Scholar name

First Name

Middle Name

Maiden Name, if applicable

Last Name

2. Scholar Social Security number

3. Date of birth

mm-dd-yyyy

### Obligation Information

4. In the program in which you received this grant, were you trained in any of the following Special Education Service Areas?  
Please check all that apply.

☐

General special education, cross-categorical, generic, multi-categorical, or non-categorical

☐

General special education, mild or moderate

☐

Low-incidence disabilities/multiple disabilities/severe disabilities

☐

Combined studies: General education and special education

☐

Developmental delay

☐

Specific learning disabilities

☐

Speech/language impairment

- ☐ Emotional disturbance/behavioral disorders
- ☐ Autism
- ☐ Traumatic brain injury
- ☐ Deafness and/or hard-of-hearing
- ☐ Visual impairment and/or blindness
- ☐ Deaf-blindness
- ☐ Mental retardation: Mild/moderate
- ☐ Mental retardation: Severe
- ☐ Other health impairment
- ☐ Physical impairment/orthopedic impairment
- ☐ Adapted physical education
- ☐ Assistive technology
- ☐ Bilingual special education/ESL/TESOL
- ☐ Early childhood/early intervention
- ☐ Inclusive/collaborative practices
- ☐ Special education for youth in correctional facilities
- ☐ Secondary transition
- ☐ Other, please specify

5. In the program in which you received this grant, were you trained in any of these service areas?  
Please check all that apply.

- ☐ Audiology
- ☐ Counseling
- ☐ Educational diagnostician
- ☐ Interpreter/ASL
- ☐ Music therapy
- ☐ Nursing
- ☐ Occupational therapy

- ☐ Orientation & mobility
- ☐ Paraprofessional/Teacher Assistant/Teacher Aide
- ☐ Physical therapy
- ☐ Rehabilitation counseling
- ☐ School counseling
- ☐ Psychology
- ☐ Speech/language
- ☐ Social work
- ☐ Therapeutic recreation
- ☐ Work experience coordinator (employment transition specialist)
- ☐ Other, please specify

6. Scholar program exit or graduation/completion status.

- ☐ The scholar graduated/completed the program
- ☐ The scholar exited the program without graduating/completing
- ☐ The scholar is still enrolled in the program, but is no longer receiving OSEP funding

Because:

- ☐ The grant ended
- ☐ Other

Please specify other reason scholar is no longer receiving OSEP funding

Please enter the date of exit/graduation/completion, if applicable. (No Date required if scholar is still enrolled in the program.)

 mm-dd-yyyy

7. For what reason(s) did you leave the program before graduation/completion?  
Check all that apply.

- ☐ Transferred to another training program in special education or related services
- ☐ Transferred to another program not in special education or related services
- ☐ Financial stress or burden
- ☐ Health (physical/emotional) of self or family member

- ☐ Moved
- ☐ Obtained employment
- ☐ Other personal reasons
- ☐ Poor academic performance
- ☐ Poor practicum/field-based performance
- ☐ Other, please specify

8. Length of obligation (months)\*

9. Amount of obligation (dollars)\*

## Contact Information

10. Please provide your primary mailing address and contact information.\*

Address Line 1

Address Line 2

City

State

Zip Code

Home Phone

Mobile Phone

E-mail Address

Verify E-mail Address

Alternative E-mail Address

Verify Alternative E-mail Address

TTY

Fax

11. Please provide a secondary mailing address and contact information.  
This may include parent's address and phone number.

Address Line 1

Address Line 2

City

State

Zip Code

Phone

E-mail Address

Verify E-mail Address

Fax

12. Please provide a person through which NCSO can contact you.

Contact First Name

Contact Last Name

Relationship to You (parent, sibling,  
etc.)

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Mobile Phone

E-mail Address

Alternative E-mail Address

TTY

Fax

## Current Status

13. Are you unable to continue a course of study or perform the service obligation because of a permanent disability?\*

NOTE: If answered yes, will end survey and you must upload supporting documentation.

☐

Yes

☐

No

14. Are you currently or have you been enrolled as a full-time student since exiting or graduating from this grant-funded program?\*

NOTE: If yes, the survey will end after you enter the completion date of your educational program and upload supporting documentation.

☐

Yes

☐

No

15. What was the start date of your most recent full-time degree or certificate program?

mm-dd-yyyy

16. When is your full-time enrollment scheduled to end?

mm-dd-yyyy

17. Are you currently or have you served on active duty in the military since your exit or graduation/completion from this grant-funded program?

NOTE: If yes, the survey will end after you enter the completion date of your service and upload supporting documentation.

☐

Yes

☐

No

18. When did your military service begin?

mm-dd-yyyy

19. When is this service scheduled to end?

mm-dd-yyyy

20. Are you currently or have you been a Peace Corps volunteer or in the Domestic Volunteer Service since exit or graduation/completion from this grant-funded program?

NOTE: If yes, the survey will end after you enter the completion date of your service and upload supporting documentation.

☐

Yes

☐

No

21. Type of volunteer service

☐

Domestic Volunteer Service

☐

Peace Corps

☐

Other

22. When did your volunteer service term begin?

mm-dd-yyyy

23. When is this service scheduled to end?

mm-dd-yyyy



## Employment Information

The questions relating to your employment affect your obligation fulfillment status.

24. Does your current employment or previous employment fulfill your service obligation?

☒

Yes

☐

No

## Employment Information

Please provide information about your jobs since completing your funded program that fulfill your service obligation. "Job" is defined as a specific task or occupation. It is possible to have more than one job for one employer.

Questions marked in red do not affect your obligation fulfillment status.

These questions are for measuring performance of the programs at the Office of Special Education Programs.

25. Are you {highly qualified/qualified/fully certified} for this position under IDEA and/or No Child Left Behind? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that you meet the state requirements, if there are requirements in your state, for certification/licensure for this position.

1. {Highly qualified/Qualified/Fully certified}
2. {Not highly qualified/Not qualified/Not fully certified}
3. This state does not have requirements for certification/licensure for this position.

☒

Yes

☐

No

Note: If the position is an elementary or secondary general education/special education teacher, you can be "highly qualified"; if the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofessional/aide, you can be "qualified"; or if the position is administrator/coordinator, for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, you can be "fully certified."

For more information on the definition of Highly Qualified please click [here](#).

26. When did this job begin?

Begin with your current or most recent employment. Please enter only jobs that fulfill your service obligation. NOTE: For additional jobs, the text will change to: "When did this employment begin?"

mm-dd-yyyy

27. When did this job end?

Leave blank if you are currently employed in this job.

mm-dd-yyyy

28. Is this full time or part time employment?

☒

Full Time

☒

Part Time

☐

This is a summer position

☐

This position has summers off

29. On average, how many hours do you work per week at this job? Note, this will only appear if the scholar selects "Part Time."

30. Which one of the following best describes this position?

☐

Classroom Teacher

- ☐ Instructional Specialist
- ☐ Paraprofessional/Teacher Assistant/Teacher Aide
- ☐ Supervision (including in the capacity of a principal)
- ☐ Teaching at the Postsecondary Level
- ☐ Research
- ☐ Policy
- ☐ Technical Assistance
- ☐ Program Development
- ☐ Administration
- ☐ Other, please specify

31. Does this position serve students in any of the following Special Education Service Areas?  
 Check all that apply.

- ☐ General special education, cross-categorical, generic, multicategorical, or noncategorical
- ☐ General special education, mild or moderate
- ☐ Low-incidence disabilities/multiple disabilities/severe disabilities
- ☐ Combined studies: General education and special education
- ☐ Developmental delay
- ☐ Specific learning disabilities
- ☐ Speech/language impairment
- ☐ Emotional disturbance/behavioral disorders
- ☐ Autism
- ☐ Traumatic brain injury
- ☐ Deafness and/or hard-of-hearing
- ☐ Visual impairment and/or blindness
- ☐ Deaf-blindness
- ☐ Mental retardation: Mild/moderate
- ☐ Mental retardation: Severe

- ☐ Other health impairment
- ☐ Physical impairment/orthopedic impairment
- ☐ Adapted physical education
- ☐ Assistive technology
- ☐ Bilingual special education/ESL/TESOL
- ☐ Early childhood/early intervention
- ☐ Inclusive/collaborative practices
- ☐ Special education for youth in correctional facilities
- ☐ Transition
- ☐ Other, please specify

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32. Does this position serve students in these service areas?  
Check all that apply.

- ☐ Audiology
- ☐ Counseling
- ☐ Educational diagnostician
- ☐ Interpreter/ASL
- ☐ Music therapy
- ☐ Nursing
- ☐ Occupational therapy
- ☐ Orientation & mobility
- ☐ Paraprofessional/Teacher Assistant/Teacher Aide
- ☐ Physical therapy
- ☐ Rehabilitation counseling
- ☐ School counseling
- ☐ Psychology
- ☐ Speech/language
- ☐ Social work

- ☐ Therapeutic recreation
- ☐ Work experience coordinator (employment transition specialist)
- ☐ Other, please specify

33. What type of organization is this?  
Check all that apply.

- ☐ Elementary School
- ☐ Middle School
- ☐ Junior High School
- ☐ High School
- ☐ Special School
- ☐ College or University
- ☐ Government Agency
- ☐ Nonprofit Organization
- ☐ Research/Policy Organization
- ☐ Other, please specify

## Employment Information

34. Describe the percentage of time working on job teaching or serving special education students for the current or most recent school year.

- ☐ Less than 40%
- ☐ 40% -- 50%
- ☐ 51% -- 60%
- ☐ 61% or greater

35. Describe the percentage of special education students taught or served on this job for the current or most recent school year.

- ☐ Less than 40%
- ☐ 40% -- 50%



51% -- 60%



61% or greater

36. Describe the percentage of time spent performing work related to the training for which the scholarship was received under section 662 of IDEA over the past year or most recent period of employment. (This question only asked if scholar indicates he or she is not a classroom teacher)



Less than 40%



40% -- 50%



51% -- 60%



61% or greater

## Employer Information

37. Employer's name  
i.e., name of school district, name of government agency

38. Department name  
i.e., school name, government department

39. Employer organization address

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Fax

TTY

E-mail Address

URL of homepage

40. Please provide the name of a supervisor at this job who can verify this employment information.

First Name

Last Name

Title

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41. Supervisor's business address

☐

Check here if address is same as above and proceed to 38.

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Mobile Phone

E-mail Address

Verify E-mail Address

Alternative E-mail Address

Fax

TTY

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42. Please provide the name of a human resources manager at this job who can verify this employment information.

First Name

Last Name

Title

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43. Human resources manager's business address

☐

Check here if address is same as above and proceed to 40.

Address Line 1

Address Line 2

City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
E-mail Address	<input type="text"/>
Alternative E-mail Address	<input type="text"/>
Fax	<input type="text"/>
TTY	<input type="text"/>

### Position Change Information - Teacher

44. Which of the following best describes your move from last year's position to your current position?

	In the same state	In a different state
Moved from one public school to another public school in the SAME SCHOOL DISTRICT	<input type="radio"/>	<input type="radio"/>
Moved from one public school district to ANOTHER PUBLIC SCHOOL DISTRICT	<input type="radio"/>	<input type="radio"/>
Moved from a PUBLIC school to a PRIVATE school	<input type="radio"/>	<input type="radio"/>
Moved from a PRIVATE school to a PUBLIC school	<input type="radio"/>	<input type="radio"/>
Moved from one PRIVATE school to another PRIVATE school	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

45. Indicate the level of importance EACH of the following played in your decision to leave LAST YEAR'S SCHOOL.

	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
Salary and benefits are better in my current position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt job security would be better in my current position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was dissatisfied with workplace conditions (e.g., facilities, classroom resources, school safety) in my previous position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was dissatisfied with my last position for reasons not stated above.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Education and Demographic Information

46. Check the degree(s) or certificate(s) or endorsement(s) you held when you entered this grant-supported training.  
Check all that apply.

- ☐ High School Diploma or Equivalency
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Educational Specialist
- ☐ Doctoral Degree
- ☐ Post-doctoral Degree
- ☐ State or Professional Credential/Certificate
- ☐ State-issued Endorsement

47. Check the degree(s) or certificate(s) or endorsement(s) you received as a result of completing this grant-supported training.  
Check all that apply.

- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Educational Specialist
- ☐ Doctoral Degree
- ☐ Post-doctoral Degree
- ☐ State or Professional license/certificate/credential
- ☐ State-issued Endorsement
- ☐ Other, please specify

- 
48. What is your gender?

- ☐ Female ☐ Male

- 
49. Which of the following best describes you? Please select one or more.

- ☐ American Indian or Alaskan Native
- ☐ Asian



☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

☐

Other, please specify

50. Are you Hispanic or Latino?

☐

Yes

☐

No

Note: When a scholar reaches the end of the survey, or answers a question that automatically ends the survey, they will receive a confirmation message and will be notified that they will be contacted within one year with a request to update their information. Once the survey is ended, it is automatically uploaded into the Scholar Tracking System.